



## REVOLVING LOAN FUND APPLICATION

Date: \_\_\_\_\_

### I. GENERAL INFORMATION

Business Name: \_\_\_\_\_ TAX ID: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

DUNS #: \_\_\_\_\_

Personal Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Business Website: \_\_\_\_\_

Applicant Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

### II. LOAN INFORMATION

Type of loan requested: \_\_\_\_\_ Entrepreneur Micro-loan [18-month term]

\_\_\_\_\_ 5&10 Program [5 or 10-year term]

\_\_\_\_\_ Other

Total Project Cost \$ \_\_\_\_\_

Amount requested from JIDA: \$ \_\_\_\_\_

Remainder of funds: \$ \_\_\_\_\_ Source(s): \_\_\_\_\_

*Please attach a sheet if necessary*

Purpose of funds [attachments welcome]:

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Description of security offered:

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### III: PERSONAL FINANCIAL STATEMENT

#### A. Assets

Cash on-hand or in checking accounts: \$ \_\_\_\_\_

Savings accounts: \$ \_\_\_\_\_

Stocks, bonds, mutual funds, etc.: \$ \_\_\_\_\_

Real estate: \$ \_\_\_\_\_

Automobile (current value): \$ \_\_\_\_\_

Personal property: \$ \_\_\_\_\_

Other assets: \$ \_\_\_\_\_

**TOTAL ASSETS:** \$ \_\_\_\_\_

#### B. Income

Yearly net salary: \$ \_\_\_\_\_

Other income of yours to be considered: \$ \_\_\_\_\_

Explanation: \_\_\_\_\_

**TOTAL INCOME:** \$ \_\_\_\_\_

#### C. Liabilities

Notes or loans payable to banks or others: \$ \_\_\_\_\_

Revolving loan debt (e.g., credit cards, open accounts): \$ \_\_\_\_\_

Other liabilities or debts: \$ \_\_\_\_\_

**TOTAL LIABILITIES:** \$ \_\_\_\_\_

**NET WORTH (Total assets - Total liabilities):** \$ \_\_\_\_\_

Regular monthly payments (utilities, rent, insurance): \$ \_\_\_\_\_



#### IV: EQUAL OPPORTUNITY AND CIVIL RIGHTS INFORMATION

The following information is requested by the Federal Government in order to monitor Recipient's compliance with Section 504 of the Rehabilitation Act of 1973, The Americans with Disabilities Act of 1990, Title VI of the Civil Rights Act of 1964, and the Age Discrimination Act of 1975.

You are not required to furnish this information but are encouraged to do so.

The law requires that the Recipient may neither discriminate on the basis of this information, nor on whether or not you choose to furnish it. However, if you choose not to furnish it, under Federal regulations Recipient is required to note race and sex on the basis of visual observation or surname.

If you do not wish to furnish the following information, please check here: \_\_\_\_\_

#### Applicant Information

Applicant Ethnicity:

- White
- Asian
- Black or African-American
- Native Hawaiian or other Pacific Islander
- Hispanic or Latino
- I do not wish to furnish this information

Applicant Gender:

- Male
- Female

Co-Applicant Ethnicity:

- White
- Asian
- Black or African-American
- Native Hawaiian or other Pacific Islander
- Hispanic or Latino
- I do not wish to furnish this information

Co-Applicant Gender:

- Male
- Female

#### **IMPORTANT NOTE:**

Credit or assistance from this program is provided without regard to sex, marital status, race, color, religion, national origin, age, sexual orientation, physical or mental disability, receipt of income from public assistance or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

This is an Equal Opportunity Program. Discrimination is prohibited by federal law. Complaints of discrimination should be filed with:

Secretary of Agriculture

Washington, DC 20250

(202) 720-2791



## V: DISCLOSURE

*If “yes” is the answer to any of the questions below, please explain on a separate sheet*

1. Have any of the applicants or any owners, officers, directors, guarantors, partners, or stockholders owning greater than 20% of the business ever been in receivership, filed for bankruptcy, or adjudicated as bankrupt?  YES  NO
2. Does any board or staff member of the Joint IDA of Wythe County have any financial interest whatsoever with respect to this business, any applicant, or this funding request?  YES  NO
3. Does any applicant or guarantor owe past due taxes either federal, state, or local?  YES  NO

## VI: AGREED-TO PROVISIONS

1. Eligibility for financial assistance from the JIDA is determined by the information presented in this application and in any attachments. Any material changes in the proposed project from the facts presented herein could disqualify the project. Therefore, IDA immediately must be advised in writing of any material changes in the information contained in this application.
2. The Applicant understands that neither the submission of this application, nor any other communications (oral or written), creates any legally binding obligations upon JIDA. There is no guarantee of approval.
3. JIDA may require supplemental information from time to time. Any such submitted supplemental information shall become a part of this application.
4. This application shall form a part of any financing or loan agreement between the parties, whether or not expressly adopted by any such financing or loan agreement.
5. In order to keep submitted financial information confidential and not part of public records (unless such information is required by law to be open to the public), each page must be marked “CONFIDENTIAL”.
6. Applicant authorizes JIDA to contact any and all credit references, obtain credit reports, verify income, and otherwise perform whatever background investigations or obtain whatever information JIDA deems necessary or desirable in processing this application.
7. Only complete applications will be considered.
8. A written response will be sent to the address on the application unless other arrangements are made. A separate loan agreement will be executed if the loan is approved with repayment terms and expectations.

APPLICANT INITIALS: \_\_\_\_\_



## VII: REFERENCES

1. Business Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Nature of relationship: \_\_\_\_\_
  
2. Business Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Nature of relationship: \_\_\_\_\_
  
3. Business Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Nature of relationship: \_\_\_\_\_

## VIII: ATTESTATION

The undersigned hereby certifies that all information contained above and any information contained in any attachments or referred documents are true and correct to the best of her/his knowledge and belief, and are submitted for the purpose of obtaining financial assistance from the Joint IDA of Wythe County. Applicant(s) hereby agrees to maintain records that identify the source and application of any Revolving Loan Fund monies. Applicant hereby commits to comply with any requested reporting and further agrees to comply with all federal and state labor and employment tax requirements.

Applicant name: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

## IX: INSTRUCTIONS

Submit one original copy of this application to: Joint IDA, 190 S. 1<sup>st</sup> Street, Wytheville VA 24382. Applications that are received by the last day of the month can be considered the next month by the JIDA's loan committee and full board. Delivery after that date may necessitate review at a subsequent board meeting. Hand delivery, US Mail, e-mailed PDF, or package/courier acceptable.

## X: CHECKLIST

\_\_\_\_\_ Complete application \_\_\_\_\_ Business plan \_\_\_\_\_ Any requested attachments

*NOTE: Business plan template and guide available by request*